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APPLICANTS

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** CONTINUING DATA ***** *AD*** FOREIGN APPLICATIONS ***** *AD*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 05/23/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	TX	5	32	3
Verified and Acknowledged <i>AMY D.</i> Examiner's Signature	Initials				

ADDRESS

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TITLE

Distributed multi-user replication-based system for real time data access during cardiology procedures

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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